

FACILITY ID# _____

Washington Trauma Registry - Abstract Form

Bolded Items are Required Fields

SECTION I DEMOGRAPHIC DATA		Hospital Index # (Pt Billing #)		Trauma Band #		Readmission? Y / N	
Abstractor		Abstract Date Mo Day Year		Patient ID# (Medical Records #)			
Patient Name Last		First		MI		Date of Birth Mo Day Yr	
Age (if no DOB)							
Sex 1 Male 2 Female		Race 3 Native American 4 Asian 5 Other		Ethnicity 1 Hispanic 2 Non-Hispanic		Social Security Number _____-_____-_____	
						Home Zip Code	

SECTION II INJURY DATA		Injury Date / /		Injury Time :		Place of Injury Zip		Place of Injury Occurrence E849	
Injury Description						0 Home 1 Farm 2 Mine/Quarry 3 Industrial Place 4 Place for Sports/Rec 5 Street/Highway 6 Public Building 7 Residential Institution 8 Other Specified Place 9 Unspecified Place			
Primary Ecode _____		Mechanism of Injury (Select One)						Work Related? Y / N	
Secondary Ecode _____		AC Accident AN Animal Caused Injury AS Beating, Fight, Assault BI Bicycle BL Blunt Instrument BU Burn CH Child Abuse DR Drowning ES Electric Shock/Explosion FA Fall GS Firearms KN Sharp Instrument MC Motorcycle ME Machinery/Equipment MV Motor Vehicle PV Pedestrian Vehicle SP Sports or Play Injury ST Strangulation or Suffocation						Protective Devices 00 None 01 Lap Belt 02 Shoulder Belt 03 Lap/Shoulder 04 Safety Belt 05 Airbag Only 06 Airbag Belt 07 Helmet 08 Infant/Child/ 09 Booster Seat 10 Personal Flo- 11 tation Device (PFD) Gunlock or Lock Box	
Type of Injury 1 Blunt 2 Penetrating 3 Other (burn, asphyxiation, submersion)									

SECTION III PREHOSPITAL DATA		First on Scene _____		Transport Mode 1 Ground Ambulance 2 Helicopter 3 Fixed Wing 4 Police 5 Private Vehicle 6 Other		Level of Transport 1 ALS 2 ILS 3 BLS		Transporting Agency ID _____		Unit # _____	
Prehospital Run Form Available? Y / N		Run # _____						Mass Casualty Incident Declared? Y / N		Extrication? Y / N	
Response Area Type 1 Urban 2 Suburban 3 Rural 4 Wilderness		Reason For Destination 0 Did Not Transport 1 Nearest Hospital 2 Trauma Protocols (highest designated facility within 30 minutes) 3 Medical Control Direction 4 Patient or Family Request 5 Patient's Physician Request 6 Divert From Another Hospital 7 Other						Prehospital Times Dispatch: Date: ____/____/____ Time: ____:____ Scene Arrival: Time: ____:____ Left Scene: Time: ____:____			
Prehospital System Activated? Y / N								Incident County Code: _____			
Nalibed 1 2 or Less Seconds 2 More Than 2 Seconds 3 No Response		GCS Eye Opening 1 None 2 To Pain 3 To Voice 4 Spontaneous		GCS Verbal Response 1 None 2 Incomprehensible (Under 2, Agitated/Restless) 3 Inappropriate Words (Under 2, Persistent Crying) 4 Confused 5 Oriented		GCS Motor Response 1 None 2 Abnormal Extension 3 Abnormal Flexion 4 Withdraws to Pain 5 Localizes Pain 6 Obeys Commands		GCS Total _____		Was Patient Intubated At The Time of GCS? Y / N	
Pupils 1 Equal 2 Not Equal								Patient Pharmacologically Paralyzed At Time of GCS? Y / N			

Prehospital Vital Signs Time ____:____		Pulse Rate _____		Respirations 1 Normal 2 Labored/Shallow 3 <10 per min or intubated		Consciousness 1 Normal 2 Confused/Combative 3 No Intelligible Words		Penetrating Wound (chest/abdomen) 1 Yes 2 No		PHI Total _____	
Vitals from First Agency Y / N		Respiratory Rate _____									
Posture 1 Lying 2 Sitting 3 Upright		Systolic Blood Pressure _____									

Field Interventions				Field Interventions (Drug Therapy)			
00 None	13 Manual DC Shock	51 Diphenhydramine	59 Opiate Agonists:	68 Diuretics			
01 O2	14 Endotracheal Intubation	52 Anticholinergic-Antimuscarine/Antispasmodic	Meperidine, Morphine	69 Antacids/Absorbents:			
02 Wound Care	17 IV, Central Line	53 Sympathomimetic	60 Opiate Antagonists: Naloxone	Activated Charcoal			
03 Extrication/Rescue	18 IV, Peripheral	54 Skeletal Muscle Relaxants	61 Misc: Acetaminophen	70 Emetics: Ipecac			
04 Splinting	19 IV, Interosseous	55 Coagulants & Anticoagulants:	62 Benzodiazepines: Diazepam	71 Misc GI: Metoclopramide			
05 Cervical Collar, Backboard	20 Needle Thoracostomy	Heparin	63 Misc: Magnesium Sulfate	72 Adrenals: Dexamethasone, Methylprednisolone			
07 ECG Monitor	21 Pericardiocentesis	56 Cardiac Drugs	64 Benzodiazepines: Lorazepam	73 Antidiabetic-Misc: Glucagon			
08 Oral Airway/Bag Mask	22 Cricothyrotomy	57 Vasodilating Agents	65 Alkalinizing Agents: Sodium Bicarbonate	74 Other Medications			
10 CPR	24 Multilumen Airway	58 Nonsteroidal: Aspirin	66 Replacement: Calcium				
11 Shock Trouser	25 Baseline Blood		67 Caloric Agents: Dextrose & Water				
12 Automatic DC Shock	26 Blood Transfusion						
	23 Other						

Triage Criteria Used Step 1 <u>Vital Signs/Level of Consciousness</u> 1 Systolic BP<90 (PEDS: BP <90 or capillary refill >2 seconds) 2 Heart Rate >120 (PEDS: HR <60 or >120) 3 Respiratory Rate <10 or >29 4 Altered Mental Status Step 2 <u>Anatomy of Injury</u> 5 Penetrating Injury of Head, Neck, Torso, Groin 6 Combination of Burns = or >20% or Involving Face/Airway 7 Amputation Above Wrist or Ankle 8 Spinal Cord Injury 9 Flail Chest 10 Two or More Obvious Proximal Long Bone Fractures			Step 3 <u>Biomechanics of Injury</u> 11 Death of Same Car Occupant 12 Ejection of Patient From Enclosed Vehicle 13 Falls = or >20 Feet 14 Pedestrian Hit at = or >20 MPH or Thrown = or >15 Feet <u>High Energy Transfer Situation</u> 15 Rollover 16 Motorcycle, ATV, Bicycle Accident 17 Extrication Time >20 Minutes 18 Significant Intrusion <u>Other Risk Factors</u> 19 Extremes of Age (<15 or >60) 20 Hostile Environment (Extremes of Heat or Cold) 21 Medical Illness (such as COPD, CHF, Renal Failure, Etc.) 22 Second or Third Trimester Pregnancy 23 Gut Feeling of Medic		
Pediatric Trauma Score (PTS) _____		Revised Trauma Score (RTS) _____			

TRANSFER DATA	Transport Mode 1 Ground Ambulance 2 Helicopter 3 Fixed Wing 4 Police 5 Private Vehicle 6 Other	Level of Personnel 1 ALS 2 ILS 3 BLS	Transporting Agency ID _____ Unit #	Run Form Available? Y / N	Interfacility Transport Times Dispatch: Date: ____/____/____ Time: ____:____:____ Arrival: Time: ____:____:____ Left Ref Hospital Time: ____:____:____
Transfer In? Y / N					
Transport From _____	If Other _____	Reason For Referral _____		Arrive Ref Hospital Date: ____/____/____ Time: ____:____:____	Depart Ref Hospital Date: ____/____/____ Time: ____:____:____
Referring Fac. Interventions (list on last page) _____ _____ _____			Prehospital Memo _____ _____ _____		

SECTION IV EMERGENCY DEPT DATA	Date & Time Entered ED Date: ____/____/____ Time: ____:____:____	DOA? Y / N	Trauma Team Activated? Y / N	Response Level 1 Full Trauma Response 2 Modified Trauma Response 3 Trauma Consult 4 None
Direct Admit? Y / N				

ED Procedures (list on last page) _____ _____ _____	CT Scan of Head Date and Time Date ____/____/____ Time ____:____:____	BAC (mg/dl) Tox Screen Done Y / N	Tox Screen Results 1 Positive 2 Negative	Drugs Found 00 None 01 Opiates 02 Cocaine 03 Amphetamines 04 Cannabis 05 Barbiturates 06 Other
Time Elapsed in Radiology _____ minutes	Was there a diagnosis at discharge of cervical spine injury not indicated in admission diagnosis? Y / N	Did the patient sustain a gunshot wound to the abdomen and receive non-operative management? Y / N	Did the patient sustain a stab wound to the abdomen and receive non-operative management? Y / N	

Pre-Existing Conditions (select up to six) 00 None 01 GI 02 Cardiac 03 Collagen 04 Obesity 05 Drug Abuse 06 Tobacco 07 Seizures 08 OBS 09 Diabetes 10 Respiratory 11 Cancer 12 Cirrhosis 13 ETOH Abuse 14 Previous Trauma 15 CVA 16 Hypertension 17 Psychiatric 99 Other	GCS Eye Opening 1 None 2 To Pain 3 To Voice 4 Spontaneous GCS Documented Every Hour? Y / N	GCS Verbal Response 1 None 2 Incomprehensible (Under 2, Agitated/Restless) 3 Inappropriate Words (Under 2, Persistent Crying) 4 Confused 5 Oriented Was patient intubated at the time of the first GCS? Y / N	GCS Motor Response 1 None 2 Abnormal Extension 3 Abnormal Flexion 4 Withdraws to Pain 5 Localizes Pain 6 Obeys Commands Was the patient pharmacologically paralyzed at the time of the first CGS? Y / N	GCS Total _____ Pediatric Trauma Score (PTS) _____
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Did patient receive transfusion of platelets of fresh frozen plasma within 24 hours of arrival at emergency department after having received <8 units of packed red blood cells or whole blood? Y / N	First Pulse Rate _____ Respiratory Rate Controlled? Y / N Controlled Respiratory Rate _____	First Spontaneous Respiratory Rate _____ First Systolic Blood Pressure _____ Lowest Systolic Blood Pressure _____	Temperature _____ Temperature In F / C Vital Signs Recorded Every Hour? Y / N	Revised Trauma Score (RTS) _____
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Was abdominal surgery performed >24 hours after arrival? Y / N	Was thoracic surgery performed >24 hours after arrival? Y / N	Was vascular surgery performed >24 hours after arrival? Y / N	Was cranial surgery performed >24 hours after arrival? Y / N	Was there an unplanned return to the OR within 48 hours of admission? Y / N	Type of Operation 01 Vascular 02 Abdominal 03 Orthopedic 04 Neurological 05 Thoracic 06 Other
OR Memo					

SECTION VI ICU DATA	Was patient admitting to ICU? Y / N	Was patient readmitting to ICU? Y / N	Date and Time of Admission to ICU ___/___/___ :___	Date and Time of ICU Discharge ___/___/___ :___	Transferred to
	ICU Memo		Date and Time of Readmission to ICU ___/___/___ :___	Date and Time of ICU Discharge ___/___/___ :___	Transferred to

SECTION VII OUTCOME DATA	Complications (select up to ten)		
	Did patient require reintubation within 48 hrs of extubation during inpatient stay? Y / N	00 None 01 Evisceration or dehiscence 02 Arterial Occlusion 03 Thrombosis, central venous or deep vein 04 Pulmonary Embolism 05 Fat Embolism 06 Acute Respiratory Distress Syndrome (ARDS) 07 Pneumonia 08 Respiratory Arrest 09 Cardiac Arrest 10 Congestive Heart Failure (CHF) 11 Pulmonary Edema 12 Major Arrhythmia	13 Myocardial Infarction (MI) 14 Coagulopathy or Disseminated Intravascular Coagulation (DIC) 15 Compartment Syndrome 16 Stroke (CVA) 17 Empyema 18 GI Bleed or Stress Ulcer 19 Hemothorax or Pneumothorax 20 Inadvertent Enterotomy 21 Intra-abdominal Abscess 22 Liver Failure, Hepatic Dysfunction, Jaundice or Hyperbilirubinemia 23 Pancreatitis 24 Pressure Sore

Social Work Consult Y / N ___/___/___	Mental Health Consult Y / N ___/___/___	Physical Therapy Consult Y / N ___/___/___	Rehab Consult Y / N ___/___/___	Discharge Disposition (select one) 0 Home, No Assistance 1 Home, Health Care 2 Home, Outpatient Rehab 3 Skilled Nursing Facility 4 Rehab Facility 5 Other Acute Care Facility 6 Expired 7 Other 8 Psychiatric Facility 9 Jail, police custody 10 In-house SNF (Transitional Care Unit)
Date & Time of Discharge/Death (Date) ___/___/___ (Time) ___:___				

Feeding 4 Independent 3 Independent, with Device 2 Dependent, Partial Help 1 Dependent, Total Help 0 Pediatric, age <2	Disability at Discharge: Locomotion 4 Independent 3 Independent, with Device 2 Dependent, Partial Help 1 Dependent, Total Help 0 Pediatric, age <2	Expression 4 Independent 3 Independent, with Device 2 Dependent, Partial Help 1 Dependent, Total Help 0 Pediatric, age <2	If Other: _____	ID of Acute Care Facility _____	Rehab Facility ID# _____
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Outcome GCS GCS Eye Opening 1 None 2 To Pain 3 To Voice 4 Spontaneous		GCS Motor Response 1 None 2 Abnormal Extension 3 Abnormal Flexion 4 Withdraws to Pain 5 Localizes Pain 6 Obeys Commands	Payor Source(s) (select up to two) 00 None 01 Medicare 02 Medicaid 03 Labor & Industries (L&I) 04 Health Maintenance Organization (HMO) 05 Other Insurance 08 Self Pay 10 Commercial Insurance 11 Health Care Service Contractor 12 Other Sponsored Patients 13 Charity Care	Financial Data Financial Data Available at this Time? Y / N Total Hospital Charges \$ _____ Primary Payor Reimbursement \$ _____ Secondary Payor Reimbursement \$ _____ Total Reimbursement \$ _____
GCS Verbal Response 1 None 2 Incomprehensible (Under 2, Agitated/Restless) 3 Inappropriate Words (Under 2, Persistent Crying) 4 Confused 5 Oriented		GCS Total _____		

For Deaths		
Did patient experience brain-death prior to expiring? Y / N Autopsy Y / N Autopsy Results Requested Y / N Results Received Y / N Organ Donation Requested Y / N	Organs Donated (select one) 00 None 01 Adrenal Glands 02 Bone 03 Bone Marrow 04 Cartilage 05 Cornea 06 Dura Mater 07 Fasciata 08 Heart 09 Heart & Lungs 10 Heart & Valves 11 Kidneys 12 Liver 13 Lungs 14 Nerves 15 Pancreas 16 Skin 17 Tendons 18 Multiple Organ Donation 19 All	Cause of Death Memo

<i>Discharge Memo</i>	<i>QA Comments Memo</i>
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Manual Coding Section

AIS Version _____

[illegible][illegible][illegible]

ID	Facility	ID	Facility	ID	Facility
146	Allenmore Hosp.	140	Kittitas Valley Comm. Hosp. – Ellensburg	132	St. Clare Hosp. – Tacoma
183	Auburn General Regional Medical Center	008	Klickitat Valley Hosp. – Goldendale	201	St. Francis Comm. Hosp. – Federal Way
197	Capital Med. Center – Olympia	165	Lake Chelan Comm. Hosp.	026	St. John Med. Center – Longview
158	Cascade Med Center – Leavenworth	137	Lincoln Hosp. – Davenport	145	St. Joseph Hosp. – Bellingham
106	Cascade Valley Hosp. – Arlington	022	Lourdes Medical Center – Pasco	032	St. Joseph Hosp. – Tacoma
168	Central Washington Hosp. – Wenatchee	720	Madigan Army Med. Center – Fort Lewis	950	St. Joseph Reg. Medical – Lewiston, Idaho
014	Childrens Hosp. – Seattle	186	Mark Reed Hosp. – McCleary	194	St. Josephs Hosp. – Chewelah
045	Columbia Basin Hosp. – Ephrata	175	Mary Bridge Childrens Hosp. – Tacoma	050	St. Mary Med. Center – Walla Walla
035	Comm. Memorial Hosp. – Enumclaw	152	Mason General Hosp. – Shelton	138	Stevens Memorial Hosp. – Edmonds
150	Coulee Comm. Hosp.	147	Mid-Valley Hosp. – Omak	198	Sunnyside Comm. Hosp.
965	Darrington Clinic	173	Morton General Hosp.	001	Swedish Med. Center – Seattle
141	Dayton General Hosp.	030	Mount Carmel Hosp. – Colville	176	Tacoma General Hosp.
037	Deaconess Med. Center – Spokane	701	Naval Air Station (US) – Whidbey Island	108	Tri-State Memorial Hosp. – Clarkston
042	Deer Park Health Center	704	Naval Regional Med. Ctr. – Bremerton	128	Univ. of Wash. Med. Center – Seattle
111	East Adams Rural Hosp. – Ritzville	021	Newport Comm. Hosp.	104	Valley Gen. Hosp. – Monroe
507	Eastern State Hosp. – Medical Lake	107	North Valley Hosp. – Tonasket	180	Valley Hosp. – Spokane
916	Emanuel Hosp. – Oregon	130	Northwest Hosp. – Seattle	155	Valley Med. Center – Renton
164	Evergreen Hosp. Med. Ctr. – Kirkland	079	Ocean Beach Hosp. – Ilwaco	705	Vet. Admin. Hosp. – American Lake
707	Fairchild AFB Hosp.	080	Odesa Memorial Hosp.	710	Vet. Admin. Hosp. – Seattle
167	Ferry County Mem. Hosp. – Republic	917	OHSU Hosp.- Oregon	715	Vet. Admin. Hosp. – Spokane
148	Fifth Avenue Medical Center	023	Okanogan-Douglas Cnty. Hosp. – Brewster	700	Vet. Admin. Hosp. – Vancouver
054	Forks Comm. Hosp.	038	Olympic Memorial Hosp. – Port Angeles	010	Virginia Mason Hosp. – Seattle
082	Garfield Cnty. Mem. Hosp. – Pomeroy	125	Othello Comm. Hosp.	044	Walla Walla General Hosp.
084	General Hosp. Med. Center	131	Overlake Hosp. – Bellevue	913	Walla Walla Memorial Hosp. – Oregon
081	Good Samaritan Hosp. – Puyallup	914	Pioneer Memorial Hosp. – Oregon	506	Western State Hosp. – Steilacoom
915	Good Shephard Hosp – Oregon	046	Prosser Memorial Hosp.	156	Whidbey General Hosp. – Coupeville
911	Grande Ronde Hosp. – Oregon	191	Providence Hosp. – Centralia	153	Whitman Hosp. & Medical Center – Colfax
063	Grays Harbor Comm. Hosp. – Aberdeen	027	Providence Hosp. – Everett	056	Willapa Harbor Hosp. – South Bend
935	Green Mountain Rehab Medicine – Bremerton	199	Providence Hosp. – Toppenish	058	Yakima Valley Memorial Hosp.
952	Gritman Medical Center – Idaho	003	Providence Med. Center – Seattle		
020	Group Health Central Hosp. – Seattle	102	Providence Med. Center – Yakima	930	Alaska Hospitals
169	Group Health Eastside Hosp. – Redmond	159	Providence St. Peter Hosp. – Olympia	940	Idaho Hospitals (NOS)
029	Harborview Med. Center – Seattle	083	Puget Sound Hosp.	945	Montana Hospitals
142	Harrison Memorial Hosp. – Bremerton	172	Pullman Memorial Hosp.	920	Other British Columbia Hospitals
126	Highline Comm. Hosp. – Seattle	129	Quincy Valley Hosp.	910	Other Oregon Hospitals (NOS)
139	Holy Family Hosp. – Spokane	162	Sacred Heart Med. Center – Spokane	960	All Other Hospitals
200	Hospice Care Center Hosp.	157	Saint Lukes Rehabilitation Institute – Spokane		
961	Inter-Island Medical Center – Friday Harbor	078	Samaritan Hosp. – Moses Lake	970	Doctor's Office, Nursing Home or Other Care Facility
163	Island Hosp. – Anacortes	043	Shriners Hosp. For Children – Spokane	997	Field (Scene, Residence)
085	Jefferson General Hosp. – Port Townsend	073	Skagit Valley / Un. Gen. Hosp.	998	Rendezvous Point
161	Kadlec Med. Center – Richland	096	Skyline Hosp. – White Salmon		
039	Kennewick General Hosp.	170	Southwest Wash. Med. Center – Vancouver		
966	Kittitas Hospital District #2 – Cle Elum	912	St. Anthony Hosp. – Oregon		

ED Procedure & Receiving Facility Interventions

00	None	15	Cutdown	66	MRI Pelvis
210	Acetaminophen	16	Cystogram	67	MRI Thoracic Spine
01	Airway, Endotracheal Intubation	17	Defibrillation	29	Naso- or Oro-gastric Tube
03	Angiography, Arteriogram, or Aortogram	33	Diagnostic Peritoneal Lavage (DPL)	203	Neuromuscular Blocking Agents
224	Antibiotics	217	Diuretics	207	Nonsteroidal Anti-inflammatory Drugs
04	Arterial Blood Gases	18	Doppler Study	208	Opiates
05	Arterial Line	19	ECG Monitor	46	Other
06	Autotransfusion	57	Echocardiogram	31	Oxygen
02	Bag/Valve/Mask Ventilation	20	Fetal Heart Rate Monitor	32	Pericardiocentesis
07	Baseline Blood	58	Fetal Heart Tone Auscultation	68	Pulse oximetry
209	Benzodiazepine Antagonist or Opiate Antagonist	21	Fluid Resuscitation	08	Repeat H & H
211	Benzodiazepines	22	Foley Catheter	34	Shock Trouser
09	Blood Product Transfusion	220	GI Drugs	35	Skeletal Traction
47	Bronchoscopy	59	HCG, Urine or Serum	36	Splinting
48	Capnography or End Tidal CO2	60	Hyperventilation	221	Steroids
205	Cardiovascular Drugs	225	Immunizations, vaccinations	37	Suture or Staple of Laceration
11	Cervical Collar or Backboard	23	Intracranial Pressure Monitor	38	Temperature Monitor
12	Closed Reduction(s)	226	IV Isotonic crystalloids (NS, LR, etc)	40	Thoracostomy, Chest Tube
10	CPR	24	IV, Central Line	39	Thoracostomy, Needle
49	CT Abdomen	25	IV, Intraosseous	30	Thoracostomy (Open Chest)
50	CT Cervical Spine	26	IV, Peripheral	41	Tongs or Halo
51	CT Chest	27	K-wire or Steinman Pin Insertion	42	Tracheostomy or Cricothyroidotomy
52	CT Facial	61	MRI Abdomen	69	Ultrasound
13	CT Head	62	MRI Brain	43	Warming Methods
53	CT Lumbar-Sacral Spine	28	MRI Cervical Spine	44	Wound Care
56	CT Other	63	MRI Chest	45	X-ray
54	CT Pelvis	64	MRI Lumbar or Sacral Spine		
55	CT Thoracic Spine	65	MRI Other		